

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN  
DATE RECEIVED  
AUG 03 2016  
Bayfield Co. Zoning Dept.

Permit #: 16-0370  
Date: 10-17-16  
Amount Paid:  
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVATE <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER		
Owner's Name: <u>W James &amp; Maurine Erickson</u>	Mailing Address: <u>6600 BEAVER RD BAYFIELD WIS 54804</u>	Telephone: <u>715/779/5438</u>
Address of Property: <u>86000 3rd Rd</u>	City/State/Zip: <u>BAYFIELD WI 54814</u>	Cell Phone: <u>N/A</u>
Contractor: <u>Barack Hanna Construction</u>	Contractor Phone: <u>715/779/3261</u>	Plumber: <u>Plumber</u>
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone:	Agent Mailing Address (include City/State/Zip):
PROJECT LOCATION: <u>SE 1/4 NW 1/4 Sec 30 of T4N 17E R6W</u>	Legal Description: (Use Tax Statement)	Recorded Document: (i.e. Property Ownership) Volume <u>1063</u> Page(s) <u>355</u>
Section <u>11</u> , Township <u>SO</u> N, Range <u>A</u> W	Town of: <u>BAYFIELD</u>	Lot Size: <u>410</u> Acreage

<input type="checkbox"/> Shoreland <input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <input type="checkbox"/> If Yes--continue <input checked="" type="checkbox"/> Distance Structure is from Shoreline: <u>      </u> feet	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage <input type="checkbox"/> If Yes--continue <input checked="" type="checkbox"/> Distance Structure is from Shoreline: <u>      </u> feet	<input type="checkbox"/> Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
<u>\$150,000</u>	<input type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input checked="" type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property <input checked="" type="checkbox"/> Existing	<input checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> (New) Sanitary Specify Type: <u>CONCRETE</u> <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>CONCRETE</u> <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well

Existing Structure: (if permit being applied for is relevant to it)	Length: <u>105</u>	Width: <u>50</u>	Height: <u>18</u>
Proposed Construction:	Length:	Width:	Height:

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	( <u>      </u> x <u>      </u> )	
<input type="checkbox"/> with Loft	( <u>      </u> x <u>      </u> )		
<input type="checkbox"/> with a Porch	( <u>      </u> x <u>      </u> )		
<input type="checkbox"/> with (2nd) Porch	( <u>      </u> x <u>      </u> )		
<input type="checkbox"/> with a Deck	( <u>      </u> x <u>      </u> )		
<input type="checkbox"/> with (2nd) Deck	( <u>      </u> x <u>      </u> )		
<input type="checkbox"/> with Attached Garage	( <u>      </u> x <u>      </u> )		
<input type="checkbox"/> Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities	( <u>      </u> x <u>      </u> )		
<input type="checkbox"/> Mobile Home (manufactured date) <u>      </u>	( <u>      </u> x <u>      </u> )		
<input type="checkbox"/> Addition/Alteration (specify) <u>      </u>	( <u>      </u> x <u>      </u> )		
<input type="checkbox"/> Accessory Building (specify) <u>      </u>	( <u>      </u> x <u>      </u> )		
<input type="checkbox"/> Accessory Building Addition/Alteration (specify) <u>      </u>	( <u>      </u> x <u>      </u> )		
<input type="checkbox"/> Special Use: (explain) <u>Boat Storage</u>	( <u>105 x 50</u> )		<u>5250</u>
<input type="checkbox"/> Conditional Use: (explain) <u>      </u>	( <u>      </u> x <u>      </u> )		
<input type="checkbox"/> Other: (explain) <u>      </u>	( <u>      </u> x <u>      </u> )		

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s) W James & Maurine Erickson Maurine Erickson  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent:        Date 8-3-16  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)  
Address to send permit 35500 Martin Rd Bayfield WI 54814  
Copy of Tax Statement  
If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

In the box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) **Show Location of:** **Proposed Construction**  
(2) Show / Indicate: **North (N)** on Plot Plan  
(3) Show Location of (\*): **(\*) Driveway and (\*) Frontage Road** (Name Frontage Road)  
(4) Show: **All Existing Structures on your Property**  
(5) Show: **(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)**  
(6) Show any (\*): **(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond**  
(7) Show any (\*): **(\*) Wetlands; or (\*) Slopes over 20%**

See ~~Photo~~ Photo

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

- (8) **Setbacks:** (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	278 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	253 Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	865 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	325 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	253 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	1920 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	205 Feet	Setback to Well	300 Feet
Setback to Drain Field	205 Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) **Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).**

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number: <u>n/a</u>	# of bedrooms: _____	Sanitary Date: _____
Permit Denied (Date): _____		Reason for Denial: _____		
Permit #: <u>16-0370</u>		Permit Date: <u>10-17-16</u>		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required Mitigation Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required Affidavit Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:
Was Parcel Legally Created Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record:		Zoning District Lakes Classification ( <u>Hg-1</u> )		
Date of Inspection: <u>8-11-16</u>		Inspected by: <u>GREENBACK, MURPHY</u>		Date of Re-Inspection: _____
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No – (if No they need to be attached.)				
<u>approved per planning &amp; zoning committee decision</u>				
Signature of Inspector: _____				Date of Approval: <u>10.17.16</u>
Hold For Sanitary: <input type="checkbox"/> _____		Hold For TBA: <input type="checkbox"/> _____		Hold For Affidavit: <input type="checkbox"/> _____





Existing Bldg



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Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN  
RECEIVED  
OCT 12 2016  
Bayfield Co. Zoning Dept.

Permit #: 16-0379  
Date: 10-21-16  
Amount Paid: \$75 10-13-16  
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER		
Owner's Name: PAUL R. CADOTTE	Mailing Address: 25930 STARV. RD Bayfield, WI 54814	Telephone: 715-719-3126
Address of Property: Same	City/State/Zip:	Cell Phone: 209-3121
Contractor: ? SEAN CADOTTE	Contractor Phone: 719-5639	Plumber:
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone:	Agent Mailing Address (include City/State/Zip):
PROJECT LOCATION: SE 1/4, SE 1/4, SW 1/4 of W330' of Sec 1	Legal Description: (Use Tax Statement)	PLIN: (23 digits) 04-5238
Section 12, Township 50 N, Range 5 W	Gov't Lot	Lot(s)
	CSM	Vol & Page
	Lot(s) No.	Block(s) No.
	Subdivision:	Lot Size
	Recorded Document: (i.e. Property Ownership) Volume 307 Page(s) 228	Acreage 5
Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes—continue →	Distance Structure is from Shoreline: feet
<input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue →	Distance Structure is from Shoreline: feet
		Is Property in Floodplain Zone? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$20,000	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input checked="" type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Welded</u>	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or Vented (min 200 gallon)	<input type="checkbox"/>
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> Foundation	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/> Slab		<input type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>

Existing Structure: (if permit being applied for is relevant to it)	Length: 30'	Width: 24'	Height: 10'
Proposed Construction:			

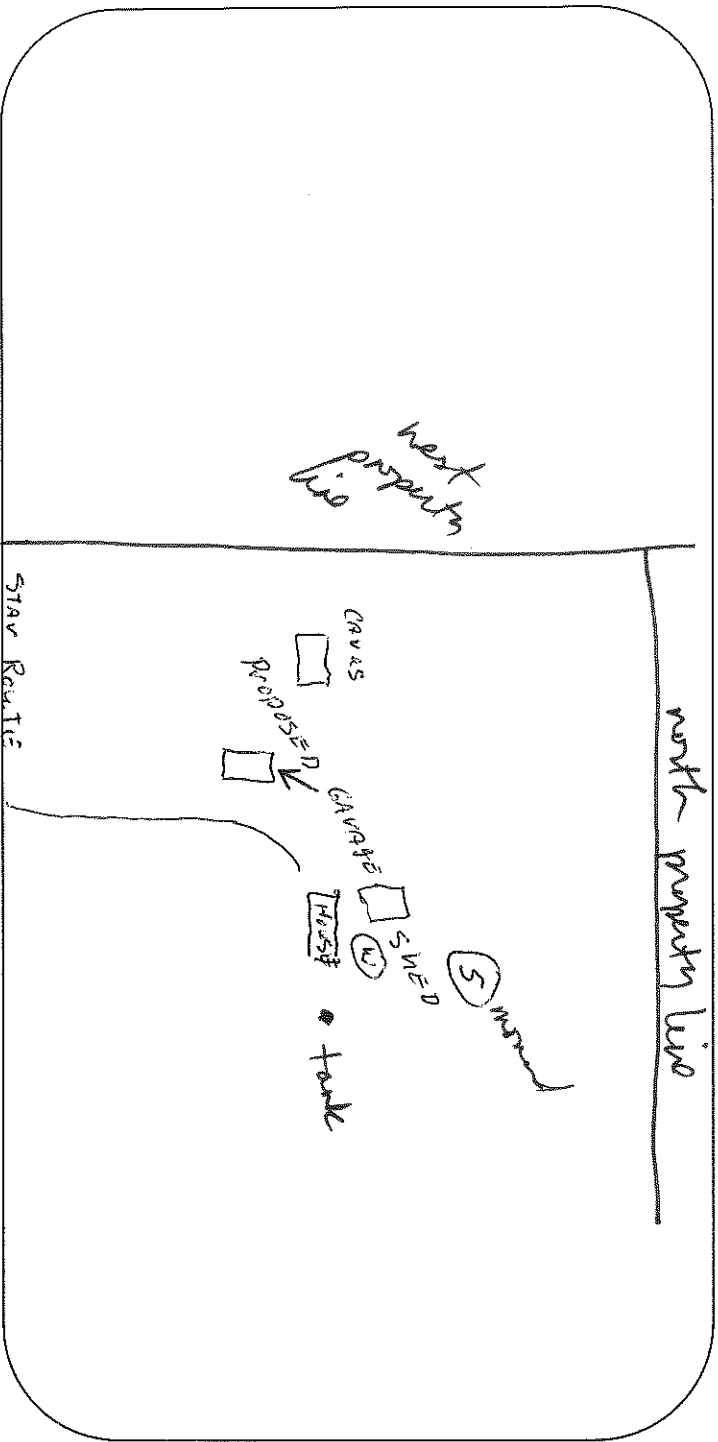
Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Rec'd for issuance	Principal Structure (first structure on property)	( X )	
<input checked="" type="checkbox"/> Residential Use	Residence (i.e. cabin, hunting shack, etc.)	( X )	
	with Loft	( X )	
	with a Porch	( X )	
	with (2 <sup>nd</sup> ) Porch	( X )	
	with a Deck	( X )	
<input type="checkbox"/> Commercial Use	with (2 <sup>nd</sup> ) Deck	( X )	
	with Attached Garage	( X )	
	Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( X )	
<input type="checkbox"/> Municipal Use	Mobile Home (manufactured date)	( X )	
	Addition/Alteration (specify)	( X )	
	Accessory Building (specify) Garage	( 30 X 24 )	720
	Accessory Building Addition/Alteration (specify)	( X )	
	Special Use: (explain)	( X )	
	Conditional Use: (explain)	( X )	
	Other: (explain)	( X )	

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information. I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Paul R. Cadotte  
(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)  
Authorized Agent: \_\_\_\_\_ Date 10-12-2016  
(if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)  
Address to send permit \_\_\_\_\_  
Attach  
Copy of Tax Statement  
If you recently purchased the property send your Recorded Deed

Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction  
(2) Show / Indicate: North (N) on Plot Plan  
(3) Show Location of (\*): (\*) Driveway and (\*) Frontage Road (Name Frontage Road)  
(4) Show: All Existing Structures on your Property  
(5) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)  
(6) Show any (\*): (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond  
(7) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%  
N.



Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	395' Feet	Setback from the Lake (Ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	236' Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	ROAD Feet	Setback from Wetland	Feet
Setback from the West Lot Line	110' Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	203' Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	149' Feet	Setback to Well	119' Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 12-305	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 16-0379		Permit Date: 10-21-16		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/contiguous lots) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/contiguous lots) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/contiguous lots) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:		
Was Parcel Legally Created Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	
Inspection Record: owner present - site staked.		Date of Re-Inspection: 10-21-16		
Date of Inspection: 10-20-16		Inspected by: [Signature]		Date of Approval: 10-21-16
Conditions: Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (if No they need to be attached.)				
Building shall not be used for human habitation or sleeping purposes & shall have indoor plumbing for toilet sleeping purposes & connected to pressurized water.				
Signature of Inspector: [Signature]				
Hold For Sanitary: <input type="checkbox"/> Hold For TBA: <input type="checkbox"/> Hold For Affidavit: <input type="checkbox"/> Hold For Fees: <input type="checkbox"/>				